

## Crosswalk Management System

Report            REPORT CROSSWALK TO STATE

Filename

Run by            CWMS\_PROXY

Report Date    27-DEC-16    08:48

Status : FN

Media ID : DAANES - MN

Start Date : 01-JAN-91

End Date :

Follow-up :

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

Minnesota's Treatment Episode Data Set

Version : 1

K = Key Field

System

Minnesota

| Item NoTreatment Episode Data Set |                         | Item | Value   | State System Data |
|-----------------------------------|-------------------------|------|---|-------------------|
| 1                                 | System Transaction Type | -    | Transaction Type Added to Each Record             |                   |
| A                                 | Add                     | A    | Add   |                   |
| C                                 | Change                  | C    | Change  |                   |
| D                                 | Delete                  | D    | Delete  |                   |
| K 2                               | State Code              | -    | MN - FIPS Code Added to Each Record               |                   |
| 3                                 | Reporting Date          | -    | Month and Year of Submission Added to Each Record |                   |

Crosswalk Report

Minnesota's Treatment Episode Data Set  
Version : 1

K = Key Field Minimum Minnesota

Item No Treatment Episode Data Set Item Value State System Data

K 1 State Provider Identifier -- Facility Code ..

K 1 State Provider Identifier 02 Facility Code

No longer effective as of: 12-31-1998

K 2 Client Identifier (Admission) -- Client's Initials

K 3 Co-Dependent/Collateral -- Codependent/Collateral

2 No 2 No

K 4 Client Transaction Type -- Client transaction type

A Admission (SA) A Admission

T Transfer/Change in Service (SA) T Transfer

K 5 Date of Admission 06 Date of Admission

No longer effective as of: 12-31-1998

K 5 Date of Admission -- Date of Admission ..

m/d/y mmdyyy - MMDDYYYY

Minnesota's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

Minnesota

| Item | No Treatment Episode Data Set | Item | Value  | State System Data |
|------|-------------------------------|------|--|-------------------|
| 6    | Prior Treatment Episodes      | --   | No. of lifetime tx episodes any chem dep tx prog |                   |
| 0    | 0 Previous Episodes           | 0    | 0  |                   |
| 1    | 1 Previous Episodes           | 1    | 1  |                   |
| 2    | 2 Previous Episodes           | 2    | 2  |                   |
| 3    | 3 Previous Episodes           | 3    | 3  |                   |
| 4    | 4 Previous Episodes           | 4    | 4  |                   |
| 5    | 5 Or More Previous Episodes   | 5-89 | 5 or more previous episodes                      |                   |
| 7    | Unknown                       | 99   | Unknown  |                   |

| 6                                     | Prior Treatment Episodes    | 39 | Previous Prog Experience (no. of treatments) |
|---------------------------------------|-----------------------------|----|--|
| 0                                     | 0 Previous Episodes         | 0  | 0  |
| 1                                     | 1 Previous Episodes         | 1  | 1  |
| 2                                     | 2 Previous Episodes         | 2  | 2  |
| 3                                     | 3 Previous Episodes         | 3  | 3  |
| 4                                     | 4 Previous Episodes         | 4  | 4  |
| 5                                     | 5 Or More Previous Episodes | 5+ | 5+   |
| No longer effective as of: 12-31-1998 |                             |    |  |

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| Item No | Treatment Episode Data Set              | Item | Value                         | State System Data                             |
|---------|---|------|-------------------------------|---|
| 7       | Principal Source of Referral            | --   | Primary Source of Referral .. |   |
| 01      | Individual (includes self-referral))    | 01   |                               | Self/Family/Relative/friend/neighbor          |
| 04      | School (Educational)                    | 02   |                               | School  |
| 05      | Employer/Employer Assistance ProgramEAP | 03   |                               | Employer/EAP                                  |
| 07      | Court/Criminal Justice/DUI/DWI          | 04   |                               | Law Enforcement                               |
| 07      | Court/Criminal Justice/DUI/DWI          | 05   |                               | Courts  |
| 07      | Court/Criminal Justice/DUI/DWI          | 06   |                               | Probation/parole                              |
| 07      | Court/Criminal Justice/DUI/DWI          | 07   |                               | DUI/DWI                                       |
| 07      | Court/Criminal Justice/DUI/DWI          | 08   |                               | Pre-Petition Screening/Diversion program      |
| 07      | Court/Criminal Justice/DUI/DWI          | 09   |                               | Corrections                                   |
| 03      | Other Health Care Provider              | 10   |                               | Health care facility/professional             |
| 02      | Alcohol/Drug Abuse Provider             | 11   |                               | CD treatment program                          |
| 02      | Alcohol/Drug Abuse Provider             | 12   |                               | Detox Center                                  |
| 03      | Other Health Care Provider              | 13   |                               | Mental health center                          |
| 06      | Other Community Referral                | 14   |                               | Other residential facility                    |
| 06      | Other Community Referral                | 15   |                               | County Social Services - CD Services          |
| 06      | Other Community Referral                | 16   |                               | Co. SS Agency - Child Protection              |
| 06      | Other Community Referral                | 17   |                               | County Social Service Agency - Other Services |
| 06      | Other Community Referral                | 18   |                               | AA, Other Support Group                       |

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| Item No Treatment Episode Data Set |                              | Item | Value                           | State System Data |
|------------------------------------|------------------------------|------|---------------------------------|-------------------|
| 7                                  | Principal Source of Referral | --   | Primary Source of Referral ..   |                   |
| 06                                 | Other Community Referral     | 19   | Community Professional/Agency   |                   |
| 06                                 | Other Community Referral     | 20   | Information and Referral Agency |                   |
| 06                                 | Other Community Referral     | 21   | Tribal agency                   |                   |
| 97                                 | Unknown                      | 22   | Other                           |                   |

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| Item No | Treatment Episode Data Set              | Item | Value | State System Data                             |
|---------|---|------|-------|---|
| 7       | Principal Source of Referral            | 13   |       | Primary Source of Referral                    |
| 01      | Individual (includes self-referral))    | 01   |       | Family/Relative                               |
| 01      | Individual (includes self-referral))    | 02   |       | Friend/Neighbor                               |
| 04      | School (Educational)                    | 03   |       | School  |
| 05      | Employer/Employer Assistance ProgramEAP | 04   |       | Employer/EAP                                  |
| 07      | Court/Criminal Justice/DUI/DWI          | 05   |       | Law Enforcement                               |
| 07      | Court/Criminal Justice/DUI/DWI          | 06   |       | Court, Court Services                         |
| 07      | Court/Criminal Justice/DUI/DWI          | 07   |       | Corrections                                   |
| 07      | Court/Criminal Justice/DUI/DWI          | 08   |       | Pre-Petition Screening                        |
| 03      | Other Health Care Provider              | 09   |       | Health Care Facility                          |
| 02      | Alcohol/Drug Abuse Provider             | 10   |       | Other CD Tx Program                           |
| 06      | Other Community Referral                | 11   |       | Other Residential Facility                    |
| 02      | Alcohol/Drug Abuse Provider             | 12   |       | Intrafacility Transfer                        |
| 02      | Alcohol/Drug Abuse Provider             | 13   |       | Detox Center                                  |
| 03      | Other Health Care Provider              | 14   |       | Mental Health Center                          |
| 06      | Other Community Referral                | 15   |       | County Social Services - CD Services          |
| 06      | Other Community Referral                | 16   |       | Agency-Child Protection                       |
| 06      | Other Community Referral                | 17   |       | County Social Service Agency - Other Services |
| 06      | Other Community Referral                | 18   |       | AA, Other Support Group                       |

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| Item No                               | Treatment Episode Data Set           | Item | Value | State System Data               |
|---------------------------------------|--------------------------------------|------|-------|---------------------------------|
| 7                                     | Principal Source of Referral         | 13   |       | Primary Source of Referral      |
| 06                                    | Other Community Referral             | 19   |       | Community Professional/Agency   |
| 06                                    | Other Community Referral             | 20   |       | Information and Referral Agency |
| 01                                    | Individual (includes self-referral)) | 21   |       | Self                            |
| 97                                    | Unknown                              | 22   |       | Other                           |
| No longer effective as of: 12-31-1998 |                                      |      |       |                                 |

|                                       |               |    |  |               |
|---------------------------------------|---------------|----|--|---------------|
| 8                                     | Date of Birth | 04 |  | Date of Birth |
| No longer effective as of: 12-31-1998 |               |    |  |               |

|        |               |    |  |                  |
|--------|---------------|----|--|------------------|
| 8      | Date of Birth | -- |  | Date of Birth .. |
| MMDDYY | Date of birth | -  |  | MMDDYYYY         |
| YYY    |               |    |  |                  |

|                                       |        |    |  |        |
|---------------------------------------|--------|----|--|--------|
| 9                                     | Gender | 16 |  | Sex    |
| 1                                     | Male   | 1  |  | Male   |
| 2                                     | Female | 2  |  | Female |
| No longer effective as of: 12-31-1998 |        |    |  |        |

|   |        |    |  |        |
|---|--------|----|--|--------|
| 9 | Gender | -- |  | Sex .. |
| 1 | Male   | 1  |  | Male   |
| 2 | Female | 2  |  | Female |

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| Item No                               | Treatment Episode Data Set   | Item | Value                     | State System Data |
|---------------------------------------|--|------|---------------------------|-------------------|
| 10                                    | Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit | --   | Race                      |                   |
| 05                                    | White  | 1    | White                     |                   |
| 04                                    | Black or African American  | 2    | Black                     |                   |
| 02                                    | American Indian/Alaskan Native ( States using Alaskan Native in 01 use for other | 3    | American Indian           |                   |
| 03                                    | Asian or Pacific Islander use only if not collecting codes separately            | 4    | Asian or Pacific Islander |                   |
| 01                                    | Alaska Native (Aleut, Eskimo, Indian)  | 5    | Alaskan Native            |                   |
| 20                                    | Other Single Race  | 6    | Mixed                     |                   |
| 20                                    | Other Single Race  | 7    | Other                     |                   |
| 13                                    | Asian  |      |                           |                   |
| 23                                    | Native Hawaiians or Other Pacific Islanders                                      |      |                           |                   |
| No longer effective as of: 02-28-2002 |  |      |                           |                   |

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Minnesota

| Item No | Treatment Episode Data Set   | Item | Value            | State System Data |
|---------|--|------|------------------|-------------------|
| 10      | Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit | --   | Race             |                   |
| 05      | White  | 1    | White            |                   |
| 04      | Black or African American  | 2    | Black            |                   |
| 02      | American Indian/Alaskan Native ( States using Alaskan Native in 01 use for other | 3    | American Indian  |                   |
| 13      | Asian  | 4    | Asian            |                   |
| 23      | Native Hawaiians or Other Pacific Islanders                                      | 5    | Pacific Islander |                   |
| 01      | Alaska Native (Aleut, Eskimo, Indian)  | 6    | Alaskan Native   |                   |
| 21      | Two or More Races  | 7    | Mixed            |                   |
| 20      | Other Single Race  | 8    | Other            |                   |

|                                       |  |    |                        |  |
|---------------------------------------|--|----|------------------------|--|
| 11                                    | Hispanic or Latino Origin ( Ethnicity) | 18 | Hispanic Ethnicity     |  |
| 05                                    | Not of Hispanic or Latino Origin       | 1  | Not of Hispanic Origin |  |
| 01                                    | Puerto Rican                           | 2  | Puerto Rican           |  |
| 02                                    | Mexican                                | 3  | Mexican                |  |
| 03                                    | Cuban                                  | 4  | Cuban                  |  |
| 04                                    | Other Specific Hispanic                | 5  | Other Hispanic         |  |
| No longer effective as of: 12-31-1998 |  |    |                        |  |

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Minimum

Minnesota

| Item No | Treatment Episode Data Set             | Item | Value                 | State System Data      |
|---------|--|------|-----------------------|------------------------|
| 11      | Hispanic or Latino Origin ( Ethnicity) | --   | Hispanic Ethnicity .. |                        |
| 05      | Not of Hispanic or Latino Origin       | 1    |                       | Not of Hispanic Origin |
| 01      | Puerto Rican                           | 2    |                       | Puerto Rican           |
| 02      | Mexican                                | 3    |                       | Mexican                |
| 03      | Cuban                                  | 4    |                       | Cuban                  |
| 04      | Other Specific Hispanic                | 5    |                       | Other Hispanic         |

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| Item No | Treatment Episode Data Set                                    | Item | Value              | State System Data             |
|---------|---|------|--------------------|-------------------------------|
| 12      | Education   | --   | Years of schooling |                               |
| 00      | Less Than One Grade Completed                                 | 00   |                    | Less than one grade completed |
| 01      | Grade 1   | 01   |                    | highest grade completed       |
| 02      | Grade 2   | 02   |                    | highest grade completed       |
| 03      | Grade 3   | 03   |                    | highest grade completed       |
| 04      | Grade 4   | 04   |                    | highest grade completed       |
| 05      | Grade 5   | 05   |                    | highest grade completed       |
| 06      | Grade 6   | 06   |                    | highest grade completed       |
| 07      | Grade 7   | 07   |                    | highest grade completed       |
| 08      | Grade 8   | 08   |                    | highest grade completed       |
| 09      | Grade 9   | 09   |                    | highest grade completed       |
| 10      | Grade 10  | 10   |                    | highest grade completed       |
| 11      | Grade 11  | 11   |                    | highest grade completed       |
| 12      | 12th Grade or GED   | 12   |                    | highest grade completed       |
| 13      | 1st year of College/Iniversity (Freshman)                     | 13   |                    | highest grade completed       |
| 14      | 2nd year of College/Iniversity (Sophomore)                    | 14   |                    | highest grade completed       |
| 15      | 3rd year of College/Iniversity (Junior)                       | 15   |                    | highest grade completed       |
| 16      | 4th year of College/Iniversity (Senior) or Bachelor's Degree) | 16   |                    | highest grade completed       |
| 17      | Some Post-Graduate Study - Degree not completed               | 17   |                    | highest grade completed       |

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| Item No Treatment Episode Data Set |                           | Item | Value                   | State System Data |
|------------------------------------|---------------------------|------|-------------------------|-------------------|
| 12                                 | Education                 | --   | Years of schooling      |                   |
| 18                                 | Master's Degree Completed | 18   | highest grade completed |                   |
| 19-25                              | Post Graduate Study       | 19   | highest grade completed |                   |
| 97                                 | Unknown                   | 99   | Unknown                 |                   |

| 12                                    | Education   | --   | Year of Schooling ..          |
|---------------------------------------|---|------|-------------------------------|
| 00                                    | Less Than One Grade Completed   | 0    | less than one grade completed |
| 01-25                                 | Years of School(Highest Grade) ( General<br>Equivalency Degree, use 12) | 1-25 | 1-25                          |
| 97                                    | Unknown   | 99   | Unknown                       |
| No longer effective as of: 04-30-2015 |   |      |                               |

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| Item NoTreatment Episode Data Set |  | Item | Value                                      | State System Data |
|-----------------------------------|--|------|--|-------------------|
| 13                                | Employment Status  | --   | Primary Occupation Status                  |                   |
| 01                                | Full Time - works 35 or more hours a week- includes military                     | 01   | Full Time (=or>35 Hours per Week           |                   |
| 02                                | Part Time - works less tahn 35 hours per week                                    | 02   | Part Time (<35 Hours per Week)             |                   |
| 03                                | Unemployed - looking for work in past 30 days or on layoff from job              | 03   | Occasional/Seasonal Worker                 |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 04   | Sheltered                                  |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 05   | Homemaker                                  |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 06   | Student                                    |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 07   | Retired                                    |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 08   | Disabled                                   |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 09   | Inmate of institution                      |                   |
| 03                                | Unemployed - looking for work in past 30 days or on layoff from job              | 10   | Laid Off/Unemployed - Looking for Work     |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 11   | Laid Off/Unemployed - Not Looking for Work |                   |
| 97                                | Unknown  | 12   | Other                                      |                   |
| 97                                | Unknown  | 99   | Unknown                                    |                   |

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| Item No | Treatment Episode Data Set   | Item | Value                               | State System Data |
|---------|--|------|-------------------------------------|-------------------|
| 14      | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)         | --   | Values from the Client History Form |                   |
| 02      | Alcohol  | -    | Alcohol                             |                   |
| 16      | Other Non-Barbituate Sedatives or Hypnotics                              | -    | Other Sedatives/Hypnotics           |                   |
| 03      | Cocaine, Crack   | -    | Cocaine                             |                   |
| 04      | Marijuana, Hashish ( includesTHC and other Cannabis Sativa preperations) | -    | Marijuana/Hashish                   |                   |
| 05      | Heroin   | -    | Heroin                              |                   |
| 07      | Other Opiates and Synthetics   | -    | Other Opiates and Synthetics        |                   |
| 08      | PCP  | -    | PCP                                 |                   |
| 09      | Hallucinogens  | -    | Other Hallucinogens                 |                   |
| 10      | Methamphetamine  | -    | Methamphetamine                     |                   |
| 12      | Other Stimulants   | -    | Other Stimulants                    |                   |
| 13      | Benzodiazepines  | -    | Benzodiazepines                     |                   |
| 14      | Other Non-Benzodiazapine Tranquilizers                                   | -    | Other Tranquilizers                 |                   |
| 15      | Barbiturates   | -    | Benzodiazepines                     |                   |
| 17      | Inhalants  | -    | Inhalants                           |                   |
| 18      | Over-the-Counter   | -    | Over the counter                    |                   |
| 20      | Other  | -    | Other                               |                   |
| 06      | Non-Prescription Methadone   | -    | Non-Prescription Methadone          |                   |

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| Item No Treatment Episode Data Set    |  | Item | Value                               | State System Data |
|---------------------------------------|--|------|-------------------------------------|-------------------|
| 14                                    | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C) | --   | Values from the Client History Form |                   |
| 11                                    | Other Amphetamines   | -    | Other Amphetamines                  |                   |
| 03                                    | Cocaine, Crack   | -    | Crack                               |                   |
| No longer effective as of: 12-31-1998 |  |      |                                     |                   |

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| Item No | Treatment Episode Data Set   | Item | Value                            | State System Data |
|---------|--|------|----------------------------------|-------------------|
| 14      | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)         | --   | Alcohol and drug use Information |                   |
| 02      | Alcohol  | 1    | Alcohol                          |                   |
| 10      | Methamphetamine  | 10   | Methamphetamine                  |                   |
| 11      | Other Amphetamines   | 11   | Other Amphetamine                |                   |
| 12      | Other Stimulants   | 12   | Other Stimulants                 |                   |
| 13      | Benzodiazepines  | 13   | Benzodiazepines                  |                   |
| 14      | Other Non-Benzodiazapine Tranquilizers                                   | 14   | Other Tranquilizers              |                   |
| 15      | Barbiturates   | 15   | Barbituates                      |                   |
| 16      | Other Non-Barbituate Sedatives or Hypnotics                              | 16   | Other Sedatives/Hypnotics        |                   |
| 09      | Hallucinogens  | 17   | Ketamine                         |                   |
| 09      | Hallucinogens  | 18   | Ecstasy/other club drugs         |                   |
| 17      | Inhalants  | 19   | Inhalants                        |                   |
| 03      | Cocaine, Crack   | 2    | Cocaine powder                   |                   |
| 18      | Over-the-Counter   | 20   | Over the counter medications     |                   |
| 20      | Other  | 21   | Other                            |                   |
| 03      | Cocaine, Crack   | 3    | Crack                            |                   |
| 04      | Marijuana, Hashish ( includesTHC and other Cannabis Sativa preperations) | 4    | Marijuana/Hashish                |                   |
| 05      | Heroin   | 5    | Heroin                           |                   |

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| Item No | Treatment Episode Data Set  | Item | Value                            | State System Data |
|---------|---|------|----------------------------------|-------------------|
| 14      | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)        | --   | Alcohol and drug use Information |                   |
| 06      | Non-Prescription Methadone  | 6    | Non-Prescription Methadone       |                   |
| 07      | Other Opiates and Synthetics  | 7    | Other Opiates and Synthetics     |                   |
| 08      | PCP   | 8    | PCP                              |                   |
| 09      | Hallucinogens   | 9    | Other Hallucinogens/psychedelics |                   |
| 01      | None  | 98   | No secondary/tertiary substance  |                   |
| 97      | Unknown   | 99   | Unknown                          |                   |
| 15      | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C) | --   | Usual Route                      |                   |
| 96      | Not Applicable  | 0    | no use - not applicable          |                   |
| 01      | Oral  | 1    | Oral                             |                   |
| 02      | Smoking   | 2    | Smoking                          |                   |
| 03      | Inhalation  | 3    | Snorting                         |                   |
| 04      | Injection (IV or intramuscular, intradermal or subcutaneous)            | 4    | Injection                        |                   |
| 97      | Unknown   | 9    | Unknown                          |                   |

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| Item No                               | Treatment Episode Data Set   | Item | Value                        | State System Data |
|---------------------------------------|--|------|------------------------------|-------------------|
| 15                                    | Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C) | --   | Route                        |                   |
| 01                                    | Oral   | 1    | Oral                         |                   |
| 02                                    | Smoking  | 2    | Smoking                      |                   |
| 03                                    | Inhalation   | 3    | Sniffed                      |                   |
| 03                                    | Inhalation   | 4    | Inhalation                   |                   |
| 04                                    | Injection (IV or intramuscular, intradermal or subcutaneous)             | 5    | Injection (IV/Intramuscular) |                   |
| 20                                    | Other  | 6    | Other/Multiple               |                   |
| No longer effective as of: 03-31-1993 |  |      |                              |                   |

|    |  |    |                    |  |
|----|--|----|--------------------|--|
| 16 | Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C) | -- | Frequency          |  |
| 01 | No use in the past month                                     | 01 | 0 days             |  |
| 02 | 1-3 times in past month                                      | 02 | 1 day to 3 days    |  |
| 03 | 1-2 times per week   | 03 | 4 days to 10 days  |  |
| 04 | 3-6 times per week   | 04 | 11 days to 26 days |  |
| 05 | Daily  | 05 | 27 days to 30 days |  |
| 96 | Not Applicable   | 96 | Not applicable     |  |

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| Item No                               | Treatment Episode Data Set                                   | Item | Value                        | State System Data |
|---------------------------------------|--|------|------------------------------|-------------------|
| 16                                    | Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C) | --   | Frequency                    |                   |
| 01                                    | No use in the past month                                     | 0    | Never Used                   |                   |
| 01                                    | No use in the past month                                     | 1    | Used in lifetime             |                   |
| 01                                    | No use in the past month                                     | 2    | Used in past 2-6 months      |                   |
| 02                                    | 1-3 times in past month                                      | 3    | 1-3 Times Past Month         |                   |
| 03                                    | 1-2 times per week   | 4    | 1-2 Times Week in Past Month |                   |
| 04                                    | 3-6 times per week   | 5    | 3-6 Times Week in Past Month |                   |
| 05                                    | Daily  | 6    | Daily in Past Month          |                   |
| No longer effective as of: 11-30-2006 |  |      |                              |                   |

|       |   |       |                  |  |
|-------|---|-------|------------------|--|
| 17    | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | --    | Age              |  |
| 96    | Not Applicable  | 0     | Not applicable   |  |
| 01-95 | Age at First Use, in years                                  | 01-95 | Age at first use |  |
| 97    | Unknown   | 99    | Unknown          |  |

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| Item No                               | Treatment Episode Data Set                                    | Item | Value | State System Data  |
|---------------------------------------|---|------|-------|--|
| <b>K 18</b>                           | <b>Type of Services</b>                                       | --   |       | <b>Level of Care ..</b>                                  |
| 01                                    | Detoxification - Hospital Inpatient ( Detox, 24 hour Service) | 1    |       | Primary Inpatient (if Facility is a Hospital)            |
| 03                                    | Rehabilitation/Residential - Hospital (other than detox)      | 1    |       | Combined Primary Inpatient (if Facility is not Hospital) |
| 04                                    | Rehabilitation/Residential - Short-term, ( 30 days or fewer)  | 1    |       | Primary Inpatient (if Facility is not Hospital)          |
| 06                                    | Ambulatory - Intensive Outpatient                             | 2    |       | Primary Outpatient                                       |
| 03                                    | Rehabilitation/Residential - Hospital (other than detox)      | 3    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 04                                    | Rehabilitation/Residential - Short-term, ( 30 days or fewer)  | 3    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 06                                    | Ambulatory - Intensive Outpatient                             | 4    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 05                                    | Rehabilitation/Residential - Long-term, ( more than 30 days)  | 5    |       | Halfway House (if Facility is not a Hospital)            |
| 05                                    | Rehabilitation/Residential - Long-term, ( more than 30 days)  | 6    |       | Extended Care (if Facility is not a Hospital)            |
| No longer effective as of: 11-30-2006 |   |      |       |  |

|             |  |    |  |  |
|-------------|--|----|--|--|
| <b>K 18</b> | <b>Type of Services</b>                                      | -- |  | <b>Level of Care ..</b>                |
| 03          | Rehabilitation/Residential - Hospital (other than detox)     | 1  |  | Hospital-based inpatient               |
| 04          | Rehabilitation/Residential - Short-term, ( 30 days or fewer) | 2  |  | Residential, less than 30 days planned |
| 05          | Rehabilitation/Residential - Long-term, ( more than 30 days) | 3  |  | Residential, more than 30 days planned |
| 06          | Ambulatory - Intensive Outpatient                            | 4  |  | Non-residential                        |
| 07          | Ambulatory - Non-Intensive Outpatient                        | 5  |  | Methadone clinic                       |

Minnesota's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

Minnesota

| Item NoTreatment Episode Data Set |                                    | Item | Value | State System Data                                    |                    |
|-----------------------------------|------------------------------------|------|-------|--|--------------------|
| 19                                | Medication-Assisted Opioid Therapy | --   |       | Is Opioid replacement therapy planned for treatment? |                    |
|                                   |                                    | 1    | Yes   | 0  | Yes, methadone     |
|                                   |                                    | 1    | Yes   | 1  | Yes, buprenorphine |
|                                   |                                    | 2    | No    | 2  | Yes, other         |
|                                   |                                    | 2    | No    | 3  | No                 |

|                                       |                                    |    |                                    |
|---------------------------------------|------------------------------------|----|------------------------------------|
| 19                                    | Medication-Assisted Opioid Therapy | -- | Is Methadone Planned as Treatment? |
|                                       |                                    | 1  | Yes                                |
|                                       |                                    | 2  | No                                 |
| No longer effective as of: 12-31-1998 |                                    |    |                                    |

# Crosswalk Report

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K = Key Field

## Supplemental

Minnesota

| Item No | Treatment Episode Data Set   | Item | Value | State System Data                  |
|---------|--|------|-------|------------------------------------|
| 1       | <b>Detail Drug Code, Primary</b>   | ~    |       | Detailed drug code                 |
| 4       | <b>Diagnostic Code (DSM or ICD)<br/>field should be coded 999.98 - field<br/>19 replaces i</b> | ~    |       | DSM diagnosis                      |
| 5       | <b>Psychiatric Problem in Addition to<br/>Alcohol or Drug Problem</b>                          | ~    |       | Psych problem with alcohol or drug |
| 6       | <b>Pregnant at Admission</b>   | ~    |       | Pregnancy Status at Admission      |
| 1       | Yes - female client was pregnant at admission  | 1    |       | Pregnant                           |
| 2       | No - female client was not pregnant at admission   | 2    |       | Not pregnant                       |
| 7       | Unknown  | 3    |       | Unknown                            |
| 6       | Not Applicable - use this code for male clients or children in prepuberty age                  | 4    |       | Male                               |

|   |  |    |  |  |
|---|--|----|--|--|
| 6 | <b>Pregnant at Admission</b>                     | 07 |  | <b>Pregnancy Status of Client at Admission</b> |
| 1 | Yes - female client was pregnant at admission    | 1  |  | Pregnant                                       |
| 2 | No - female client was not pregnant at admission | 2  |  | Not pregnant                                   |
| 7 | Unknown  | 3  |  | Uncertain                                      |
| 2 | No - female client was not pregnant at admission | 4  |  | N/A  |

No longer effective as of: 10-15-2008

Minnesota's Treatment Episode Data Set  
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Supplemental

Minnesota

| Item NoTreatment Episode Data Set |                | Item | Value | State System Data          |
|-----------------------------------|----------------|------|-------|----------------------------|
| 7                                 | Veteran Status | ~    |       | Veteran Status ..          |
| 2                                 | No             | 1    |       | No                         |
| 1                                 | Yes            | 2    |       | Yes, no combat             |
| 1                                 | Yes            | 3    |       | Yes, served in combat zone |
| 7                                 | Unknown        | 9    |       | Unknown                    |

|                                       |                |    |  |                            |
|---------------------------------------|----------------|----|--|----------------------------|
| 7                                     | Veteran Status | 28 |  | Veteran Status             |
| 2                                     | No             | 1  |  | No                         |
| 1                                     | Yes            | 2  |  | Yes                        |
| 1                                     | Yes            | 3  |  | Yes, served in combat zone |
| No longer effective as of: 12-31-1998 |                |    |  |                            |

Minnesota's Treatment Episode Data Set  
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K = Key Field

## Supplemental

Minnesota

Item No Treatment Episode Data Set

Item

Value

State System Data

| 8  | Living Arrangements   | ~  | Past 30 days where client was living |
|----|---|----|--------------------------------------|
| 03 | Independent Living - clients living alone or with others but no supervision | 01 | House, Apartment, Trailer            |
| 02 | Dependent Living - clients living in a supervised setting                   | 02 | Foster Home                          |
| 02 | Dependent Living - clients living in a supervised setting                   | 03 | Group Home                           |
| 02 | Dependent Living - clients living in a supervised setting                   | 04 | CD Halfway House                     |
| 02 | Dependent Living - clients living in a supervised setting                   | 05 | Other Halfway House                  |
| 02 | Dependent Living - clients living in a supervised setting                   | 06 | CD Board and Lodging                 |
| 02 | Dependent Living - clients living in a supervised setting                   | 07 | Other Board and Lodging              |
| 02 | Dependent Living - clients living in a supervised setting                   | 08 | Nursing Home, Vet's Home             |
| 02 | Dependent Living - clients living in a supervised setting                   | 09 | Correctional Facility                |
| 01 | Homeless - clients with no fixed address; includes homeless shelter         | 10 | Transient, Homeless                  |
| 97 | Unknown   | 11 | Other                                |

No longer effective as of: 11-30-2006

| 8  | Living Arrangements   | ~ | Past 30 days where client was living |
|----|---|---|--------------------------------------|
| 01 | Homeless - clients with no fixed address; includes homeless shelter         | 1 | Homeless - no fixed address          |
| 02 | Dependent Living - clients living in a supervised setting                   | 2 | Dependent living                     |
| 03 | Independent Living - clients living alone or with others but no supervision | 3 | Independent living                   |
| 02 | Dependent Living - clients living in a supervised setting                   | 4 | Children living with their family    |
| 97 | Unknown   | 9 | Unknown                              |

# Crosswalk Report

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K = Key Field

Supplemental

Minnesota

| Item No Treatment Episode Data Set    |                          | Item | Value  | State System Data |
|---------------------------------------|--------------------------|------|--|-------------------|
| 9                                     | Source of Income/Support | ~    | Primary Source of Income 6 Mo Prior to Treatment |                   |
| 21                                    | None                     | 0    | None   |                   |
| 01                                    | Wages/Salary             | 1    | Job  |                   |
| 20                                    | Other                    | 2    | Spouse/Parent                                    |                   |
| 20                                    | Other                    | 3    | Relatives/Family                                 |                   |
| 02                                    | Public Assistance        | 4    | Public Assiatance                                |                   |
| 04                                    | Disability               | 5    | Disability                                       |                   |
| 03                                    | Retirement/Pension       | 6    | Retirement/Pension                               |                   |
| 20                                    | Other                    | 7    | Savings/investment                               |                   |
| 20                                    | Other                    | 8    | Other  |                   |
| 97                                    | Unknown                  | 9    | Unknown  |                   |
| No longer effective as of: 11-30-2006 |                          |      |  |                   |

Minnesota's Treatment Episode Data Set  
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K = Key Field

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| Item No | Treatment Episode Data Set | Item | Value | State System Data                                |
|---------|----------------------------|------|-------|--|
| 9       | Source of Income/Support   | ~    |       | Primary Source of Income 6 Mo Prior to Treatment |
| 04      | Disability                 | 1    |       | Disability benefits                              |
| 01      | Wages/Salary               | 2    |       | Job  |
| 03      | Retirement/Pension         | 3    |       | Retirement/pension                               |
| 20      | Other                      | 4    |       | Spouse/parents                                   |
| 20      | Other                      | 5    |       | Relatives/friends                                |
| 20      | Other                      | 6    |       | Savings/investments                              |
| 02      | Public Assistance          | 7    |       | Public assistance                                |
| 20      | Other                      | 8    |       | Other  |
| 21      | None                       | 9    |       | None   |
| 97      | Unknown                    | 99   |       | Unknown  |

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| Item No                               | Treatment Episode Data Set                 | Item | Value                  | State System Data |
|---------------------------------------|--|------|------------------------|-------------------|
| 10                                    | Health Insurance                           | 31   | Health Insurance       |                   |
| 21                                    | None                                       | 1    | None                   |                   |
| 03                                    | Medicare                                   | 2    | Medicare               |                   |
| 04                                    | Medicaid                                   | 3    | Medicaid               |                   |
| 02                                    | Blue Cross/Blue Shield                     | 4    | Blue Cross/Blue Shield |                   |
| 01                                    | Private Insurance (other than BCBS or HMO) | 5    | Other Private          |                   |
| 06                                    | Health Maintenance Organization (HMO)      | 6    | HMO                    |                   |
| 20                                    | Other (e.g. TriCare)                       | 7    | Other (CHAMPUS)        |                   |
| 97                                    | Unknown                                    | 8    | Unknown                |                   |
| No longer effective as of: 03-31-1993 |  |      |                        |                   |

|    |                  |   |                               |  |
|----|------------------|---|-------------------------------|--|
| 10 | Health Insurance | ~ | Health Insurance at Admission |  |
| 98 | Not Collected    | - | Not collected                 |  |

|    |   |   |                            |  |
|----|---|---|----------------------------|--|
| 11 | Expected/Actual Primary Source of Payment | ~ | Expected source of payment |  |
| 98 | Not Collected                             | - | Not collected              |  |

Minnesota's Treatment Episode Data Set  
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| Item NoTreatment Episode Data Set     |   | Item | Value                        | State System Data |
|---------------------------------------|---|------|------------------------------|-------------------|
| 12                                    | Detailed Not in Labor Force   | 29   | Primary Occupation Status .. |                   |
| 01                                    | Homemaker   | 05   | Homemaker                    |                   |
| 02                                    | Student   | 06   | Student                      |                   |
| 03                                    | Retired   | 07   | Retired                      |                   |
| 04                                    | Disabled  | 08   | Disabled                     |                   |
| 05                                    | Inmate of Institution ( Prison or Institution - keeps people out of work force) | 09   | Inmate of institution        |                   |
| No longer effective as of: 12-31-1998 |   |      |                              |                   |

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| Item No | Treatment Episode Data Set  | Item | Value                                  | State System Data |
|---------|---|------|--|-------------------|
| 12      | Detailed Not in Labor Force   | ~    | Primary Occupation Status..            |                   |
| 96      | Not Applicable  | 01   | Full Time (=or > 35 Hours per Week)    |                   |
| 96      | Not Applicable  | 02   | Part Time (< 35 Hours per Week)        |                   |
| 96      | Not Applicable  | 03   | Occasional/Seasonal Worker             |                   |
| 06      | Other   | 04   | Sheltered Employment                   |                   |
| 01      | Homemaker   | 05   | Homemaker                              |                   |
| 02      | Student   | 06   | Student                                |                   |
| 03      | Retired   | 07   | Retired                                |                   |
| 04      | Disabled  | 08   | Disabled                               |                   |
| 05      | Inmate of Institution ( Prison or Institution - keeps people out of work force) | 09   | Inmate of Institution                  |                   |
| 96      | Not Applicable  | 10   | Laid Off/Unemployed - Looking for Work |                   |
| 06      | Other   | 11   | Unemployed - Not Looking for Work      |                   |
| 06      | Other   | 12   | Other                                  |                   |
| 97      | Unknown   | 99   | Unknown                                |                   |
| 13      | Detailed Criminal Justice Referral Categories                                   | ~    | Criminal justice referral              |                   |
| 98      | Not Collected   | 98   | Not collected                          |                   |

Minnesota's Treatment Episode Data Set  
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| Item No Treatment Episode Data Set    |   | Item | Value                  | State System Data |
|---------------------------------------|---|------|------------------------|-------------------|
| 14                                    | Marital Status  | 19   | Current Marital Status |                   |
| 01                                    | Never Married - includes clients who are single or whose                      | 1    | Single, Never Married  |                   |
| 04                                    | Divorced  | 2    | Divorced               |                   |
| 03                                    | Separated (legally seperated or otherwise absent becasue of marital discord)) | 3    | Separated              |                   |
| 05                                    | Widowed   | 4    | Widowed                |                   |
| 02                                    | Now Married ( includes those living together as married)                      | 5    | Married                |                   |
| 02                                    | Now Married ( includes those living together as married)                      | 6    | Cohabitating           |                   |
| No longer effective as of: 12-31-1998 |   |      |                        |                   |

|    |   |   |                           |  |
|----|---|---|---------------------------|--|
| 14 | Marital Status  | ~ | Current Marital Status .. |  |
| 01 | Never Married - includes clients who are single or whose                      | 1 | Single, Never Married     |  |
| 04 | Divorced  | 2 | Divorced                  |  |
| 03 | Separated (legally seperated or otherwise absent becasue of marital discord)) | 3 | Seperated                 |  |
| 05 | Widowed   | 4 | Widowed                   |  |
| 02 | Now Married ( includes those living together as married)                      | 5 | Married                   |  |
| 02 | Now Married ( includes those living together as married)                      | 6 | Cohabitating              |  |
| 97 | Unknown   | 9 | Unknown                   |  |

|     |                                 |     |                                 |  |
|-----|---------------------------------|-----|---------------------------------|--|
| 15  | Days Waiting to Enter Treatment | ~   | Days waiting to enter treatment |  |
| 998 | Not Collected                   | 998 | Not collected                   |  |

Minnesota's Treatment Episode Data Set  
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Supplemental

Minnesota

| Item No                               | Treatment Episode Data Set                          | Item | Value | State System Data               |
|---------------------------------------|---|------|-------|---------------------------------|
| 16                                    | Number of Arrests in the 30 Days Prior to Admission | ~    |       | Past 30 days how many arrests ? |
| No longer effective as of: 11-30-2006 |   |      |       |                                 |

|       |   |       |  |                                    |
|-------|---|-------|--|------------------------------------|
| 16    | Number of Arrests in the 30 Days Prior to Admission | ~     |  | Past 30 days how many arrests ? .. |
| 00-96 | Number of Arrests                                   | 00    |  | None                               |
| 00-96 | Number of Arrests                                   | 01-96 |  | 01-96                              |
| 97    | Unknown   | 99    |  | Unknown                            |

|    |   |    |  |   |
|----|---|----|--|---|
| 17 | Frequency of Attendance at Self-Help Programs in 30 days prior to Admission | ~  |  | Frequency of attendance self-help 30 days prior adm |
| 01 | No Attendance in past month   | 1  |  | No attendance in past month                         |
| 02 | less than once a week -1 to 3 times in past 30 days                         | 2  |  | 1-3 times in past month (less than 1 per week)      |
| 03 | About once a week - 4 to 7 times in past 30 days                            | 3  |  | 4-7 times in past month (about 1 per week)          |
| 04 | 2 to 3 times a week - 8 to 15 times in past 30 days                         | 4  |  | 8-15 times in past month (2-3 times per week)       |
| 05 | 4 or more times a week - 16 to 30 times in past 30 days                     | 5  |  | 16-30 times in past month (4+ times per week)       |
| 06 | Some Attendance in past month, but number of times and frequency is unknown | 6  |  | Some attendance but frequency unknown               |
| 97 | Unknown   | 97 |  | Unknown   |

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Supplemental

Minnesota

| Item No Treatment Episode Data Set |                               | Item     | Value                                     | State System Data |
|------------------------------------|-------------------------------|----------|---|-------------------|
| 18                                 | Diagnostic Code Set           | ~SUDS18  | Diagnostic code set identifier            |                   |
| 8                                  | Not Collected                 | 8        | Not collected                             |                   |
| 19                                 | Diagnostic Code (ICD-10 Form) | ~SUDS19  | Substance abuse diagnosis (ICD-10 format) |                   |
| 999.9998                           | Not Collected                 | 999.9998 | Not collected                             |                   |

Minnesota's Treatment Episode Data Set  
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Discharge/NOMS

Minnesota

| Item No | Treatment Episode Data Set             | Item | Value | State System Data                         |
|---------|--|------|-------|---|
| 1       | System Transaction at Discharge        | ~~   |       | System Transaction type                   |
| 2       | State Code at Discharge                | ~~   |       | FIPS State Code                           |
| 3       | Reporting Date at Discharge            | ~~   |       | Month & year data file submitted (mmyyyy) |
| 4       | State Provider Identifier at Discharge | ~~   |       | Facility code - discharge                 |
| 5       | Client Identifier at Discharge         | ~~   |       | Client Initials / last 4 of SSN           |
| 6       | Co-Dependent/Collateral at Discharge   | ~~   |       | Co-Dependent/collateral                   |

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Minnesota's Treatment Episode Data Set  
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**Discharge/NOMS**

Minnesota

Item No Treatment Episode Data Set

Item

Value

State System Data

| 7                                     | Type of Treatment<br>Service/Treatment Setting at<br>Discharge    | ~~ | Level of Care..  |
|---------------------------------------|---|----|--|
| 04                                    | Rehabilitation/Residential - Short Term (30 Days or Fewer)        | 1  | Combined primary inpatient (if facility is not a hospital) |
| 04                                    | Rehabilitation/Residential - Short Term (30 Days or Fewer)        | 1  | Primary inpatient (if facility is not a hospital)          |
| 03                                    | Rehabilitation/Residential - Hospital (other than detoxification) | 1  | Primary inpatient (if facility is a hospital)              |
| 06                                    | Ambulatory - Intensive -Outpatient                                | 2  | Primary outpatient   |
| 03                                    | Rehabilitation/Residential - Hospital (other than detoxification) | 3  | Combined primary inpatient (if facility is a hospital)     |
| 06                                    | Ambulatory - Intensive -Outpatient                                | 4  | Combined outpatient  |
| 05                                    | Rehabilitation/Residential - Long Term (More than 30 Days)        | 5  | Halfway house (if facility is not a hospital)              |
| 05                                    | Rehabilitation/Residential - Long Term (More than 30 Days)        | 6  | Extended care (if facility is not a hospital)              |
| No longer effective as of: 11-30-2006 |   |    |  |

| 7  | Type of Treatment<br>Service/Treatment Setting at<br>Discharge    | ~~ | Current chemical dependency treatment -<br>discharge |
|----|---|----|--|
| 03 | Rehabilitation/Residential - Hospital (other than detoxification) | 1  | Hospital-based inpatient                             |
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer)        | 2  | Residential, less than 30 days planned               |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days)        | 3  | Residential, more than 30 days planned               |
| 06 | Ambulatory - Intensive -Outpatient                                | 4  | Non-residential                                      |
| 07 | Ambulatory -Non Intensive -Outpatient                             | 5  | Methadone clinic                                     |

# Crosswalk Report

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Discharge/NOMS

Minnesota

| Item No | Treatment Episode Data Set          | Item | Value | State System Data    |
|---------|-------------------------------------|------|-------|----------------------|
| 8       | Date of Last Contact or Data Update | ~~   |       | Date of Last Contact |
| 9       | Date of Discharge                   | ~~   |       | Date of Discharge    |
| -       | MMDDYYYY                            | -    |       | MMDDYYYY             |

|                                       |  |    |  |  |
|---------------------------------------|--|----|--|--|
| 10                                    | Reason for Discharge, Transfer, or Discontinuance of Treatment                   | ~~ |  | Reason for discharge                         |
| 01                                    | Treatment Completed  | 1  |  | Completed treatment                          |
| 07                                    | Other - includes aging out of MH childrens system, extended placement (condition | 10 |  | Other  |
| 04                                    | Transferred to Another Treatment Program or Facility                             | 2  |  | Transferred to another program               |
| 07                                    | Other - includes aging out of MH childrens system, extended placement (condition | 3  |  | Assessed as inappropriate                    |
| 02                                    | Dropped out of treatment (lost contact, Left Against Professional Advice         | 4  |  | Against staff advice                         |
| 03                                    | Ternimated by Facility   | 5  |  | Staff requested                              |
| 02                                    | Dropped out of treatment (lost contact, Left Against Professional Advice         | 6  |  | Patient left                                 |
| 07                                    | Other - includes aging out of MH childrens system, extended placement (condition | 7  |  | Expiration of civil commitment or hold order |
| 06                                    | Death  | 8  |  | Death  |
| 07                                    | Other - includes aging out of MH childrens system, extended placement (condition | 9  |  | Loss of financial support                    |
| 08                                    | Unknown - This code will still be accepted by states shouls use 97 Unknown       | 99 |  | Unknown                                      |
| No longer effective as of: 11-30-2006 |  |    |  |  |

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Discharge/NOMS

Minnesota

| Item No | Treatment Episode Data Set   | Item | Value | State System Data                            |
|---------|--|------|-------|--|
| 10      | Reason for Discharge, Transfer, or Discontinuance of Treatment                   | ~~   |       | Reason For Discharge                         |
| 01      | Treatment Completed  | 01   |       | Completed Program                            |
| 02      | Dropped out of treatment (lost contact, Left Against Professional Advice         | 02   |       | Patient left                                 |
| 03      | Ternimated by Facility   | 03   |       | Staff requested (behavioral)                 |
| 07      | Other - includes aging out of MH childrens system, extended placement (condition | 04   |       | Expiration of civil commitment or hold order |
| 04      | Transferred to Another Treatment Program or Facility                             | 05   |       | Transferred to another program               |
| 07      | Other - includes aging out of MH childrens system, extended placement (condition | 06   |       | Assessed as inappropriate                    |
| 07      | Other - includes aging out of MH childrens system, extended placement (condition | 07   |       | Loss of financial report                     |
| 05      | Incarerated or released by or to courts  | 08   |       | Incarcerated                                 |
| 06      | Death  | 09   |       | Death  |
| 07      | Other - includes aging out of MH childrens system, extended placement (condition | 10   |       | Other  |
| 08      | Unknown - This code will still be accepted by states shouls use 97 Unknown       | 99   |       | Unknown                                      |
| 11      | Provider Identifier at Admission   | --   |       | Facility Code ..                             |
| 12      | Client Identifier at Admission   | --   |       | Client's Initials                            |
| 13      | Co-Depentent/Collateral at Admission   | --   |       | Codependent/Collateral                       |
| 2       | Client   | 2    |       | No   |

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Discharge/NOMS

Minnesota

| Item No | Treatment Episode Data Set  | Item | Value | State System Data                      |
|---------|---|------|-------|--|
| 15      | Date of Admission (pulled from admission dataset)                 | --   |       | Date of Admission ..                   |
| -       | MMDDYYYY  | -    |       | MMDDYYYY                               |
| 16      | Type of Service at Admission (pulled from admission dataset)      | --   |       | Level of Care ..                       |
| 03      | Rehabilitation/Residential - Hospital (other than Detoxification) | 1    |       | Hospital-based inpatient               |
| 04      | Rehabilitation/Residential - Short Term (30 days or fewer)        | 2    |       | Residential, less than 30 days planned |
| 05      | Rehabilitation/Residential - Long Term (more than 30 days)        | 3    |       | Residential, more than 30 days planned |
| 06      | Ambulatory - Intensive Outpatient                                 | 4    |       | Non-residential                        |
| 07      | Ambulatory - Non-Intensive Outpatient                             | 5    |       | Methadone clinic                       |

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Discharge/NOMS

Minnesota

| Item No                               | Treatment Episode Data Set  | Item | Value | State System Data  |
|---------------------------------------|---|------|-------|--|
| 16                                    | Type of Service at Admission<br>(pulled from admission dataset)   | --   |       | Level of Care ..   |
| 01                                    | Detoxification, 24-hour service - Hospital Inpatient              | 1    |       | Primary Inpatient (if Facility is not Hospital)          |
| 04                                    | Rehabilitation/Residential - Short Term (30 days or fewer)        | 1    |       | Primary Inpatient (if Facility is not Hospital)          |
| 03                                    | Rehabilitation/Residential - Hospital (other than Detoxification) | 1    |       | Combined Primary Inpatient (if Facility is not Hospital) |
| 06                                    | Ambulatory - Intensive Outpatient                                 | 2    |       | Primary Outpatient                                       |
| 04                                    | Rehabilitation/Residential - Short Term (30 days or fewer)        | 3    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 03                                    | Rehabilitation/Residential - Hospital (other than Detoxification) | 3    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 06                                    | Ambulatory - Intensive Outpatient                                 | 4    |       | Combined Primary Inpatient (if Facility is a Hospital)   |
| 05                                    | Rehabilitation/Residential - Long Term (more than 30 days)        | 5    |       | Halfway House (if Facility is not a Hospital)            |
| 05                                    | Rehabilitation/Residential - Long Term (more than 30 days)        | 6    |       | Extended Care (if Facility is not a Hospital)            |
| No longer effective as of: 11-30-2006 |   |      |       |  |

|    |   |    |  |                  |
|----|---|----|--|------------------|
| 17 | Date of Birth (pulled from admission dataset) | -- |  | Date of Birth .. |
| -  | MMDDYYYY                                      | -  |  | MMDDYYYY         |

|    |  |    |  |        |
|----|--|----|--|--------|
| 18 | Gender (pulled from admission dataset) | -- |  | Sex .. |
| 1  | Male                                   | 1  |  | Male   |
| 2  | Female                                 | 2  |  | Female |

Minnesota's Treatment Episode Data Set  
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Discharge/NOMS

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| Item No | Treatment Episode Data Set                | Item | Value                  | State System Data |
|---------|---|------|------------------------|-------------------|
| 19      | Race (pulled from admission dataset)      | --   | Race                   |                   |
| 05      | White                                     | 1    | White                  |                   |
| 04      | Black or African American                 | 2    | Black                  |                   |
| 02      | American Indian                           | 3    | American Indian        |                   |
| 13      | Asian                                     | 4    | Asian                  |                   |
| 23      | Native Hawaiian or other Pacific Islander | 5    | Pacific Islander       |                   |
| 01      | Alaskan Native (Aleut, Eskimo)            | 6    | Alaskan Native         |                   |
| 21      | Two or more races                         | 7    | Mixed                  |                   |
| 20      | Other single race                         | 8    | Other                  |                   |
| 20      | Ethnicity (pulled from admission dataset) | --   | Hispanic Ethnicity ..  |                   |
| 05      | Not of Specific Hispanic or Latino Origin | 1    | Not of Hispanic Origin |                   |
| 01      | Puerto Rican                              | 2    | Puerto Rican           |                   |
| 02      | Mexican                                   | 3    | Mexican                |                   |
| 03      | Cuban                                     | 4    | Cuban                  |                   |
| 04      | Other Specific Hispanic or Latino         | 5    | Other Hispanic         |                   |

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Discharge/NOMS

Minnesota

| Item No | Treatment Episode Data Set                                     | Item | Value   | State System Data |
|---------|--|------|---|-------------------|
| 21      | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | ~~   | Alcohol and drug use info at discharge - past 30 days |                   |
| 01      | None   | 0    | None  |                   |
| 02      | Alcohol  | 1    | Alcohol   |                   |
| 10      | Methamphetamine/SPeed  | 10   | Methamphetamine                                       |                   |
| 11      | Other Amphetamines   | 11   | Other Amphetamines                                    |                   |
| 12      | Other Stimulants   | 12   | Other Stimulants                                      |                   |
| 13      | Benzodiazepines  | 13   | Benzodiazepines                                       |                   |
| 14      | Other Tranquilizer   | 14   | Other Tranquilizers                                   |                   |
| 15      | Barbiturates   | 15   | Barbiturates  |                   |
| 16      | Other Sedatives or Hypontics                                   | 16   | Other Sedative/Hypnotic                               |                   |
| 09      | Hallucinogens  | 17   | Ketamine  |                   |
| 09      | Hallucinogens  | 18   | Ecstasy/other club drugs                              |                   |
| 17      | Inhalants  | 19   | Inhalants   |                   |
| 03      | Cocaine/Crack  | 2    | Cocaine powder  |                   |
| 18      | Over-The-Counter medicines                                     | 20   | Over-the-counter Medications                          |                   |
| 20      | Other  | 21   | Other   |                   |
| 03      | Cocaine/Crack  | 3    | Crack   |                   |
| 04      | Marijuana/Hashish  | 4    | Marijuana/Hashish                                     |                   |
| 05      | Heroin   | 5    | Heroin  |                   |

Minnesota's Treatment Episode Data Set  
Version : 1

K = Key Field

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Minnesota

| Item No | Treatment Episode Data Set                                     | Item | Value   | State System Data |
|---------|--|------|---|-------------------|
| 21      | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | ~~   | Alcohol and drug use info at discharge - past 30 days |                   |
| 06      | Non-Prescription Methadone                                     | 6    | Non-prescription Methadone                            |                   |
| 07      | Other Opiates and Synthetics                                   | 7    | Other Opiates/Synthetics                              |                   |
| 08      | PCP- phencyclidine   | 8    | PCP   |                   |
| 09      | Hallucinogens  | 9    | Other Hallucinogens/psychedelics                      |                   |
| 01      | None   | 98   | No secondary/tertiary substance                       |                   |
| 97      | Unknown  | 99   | Unknown   |                   |
| 22      | Frequency of Use at Discharge (Primary, Secondary, Tertiary)   | ~~   | Number of days used in past 30 days at discharge      |                   |
| 01      | No Use in the Past Month                                       | 01   | 0 days  |                   |
| 02      | 1-3 Times in the Past Month                                    | 02   | 1 day to 3 days                                       |                   |
| 03      | 1-2 Times in the Past Week                                     | 03   | 4 days to 10 days                                     |                   |
| 04      | 3-6 Times in the Past Week                                     | 04   | 11 days to 26 days                                    |                   |
| 05      | Daily  | 05   | 27 days to 30 days                                    |                   |
| 96      | Not Applicable   | 96   | not applicable  |                   |

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**Discharge/NOMS**Minnesota

| Item No   | Treatment Episode Data Set  | Item | Value                                       | State System Data                 |
|-----------|---|------|---|-----------------------------------|
| <b>23</b> | <b>Living Arrangements at Discharge</b>                                     | ~    | <b>Past 30 days where client was living</b> |                                   |
| 01        | Homeless - clients with no fixed address; includes homeless shelter         | 1    |   | Homeless - no fixed address       |
| 02        | Dependent Living - clients living in a supervised setting                   | 2    |   | Dependent living                  |
| 03        | Independent Living - clients living alone or with others but no supervision | 3    |   | Independent living                |
| 02        | Dependent Living - clients living in a supervised setting                   | 4    |   | Children living with their family |
| 97        | Unknown   | 9    |   | Unknown                           |

|                                       |   |    |   |                           |
|---------------------------------------|---|----|---|---------------------------|
| <b>23</b>                             | <b>Living Arrangements at Discharge</b>                                     | ~  | <b>Past 30 days where client was living</b> |                           |
| 03                                    | Independent Living - clients living alone or with others but no supervision | 01 |   | House, Apartment, Trailer |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 02 |   | Foster Home               |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 03 |   | Group Home                |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 04 |   | CD Halfway House          |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 05 |   | Other Halfway House       |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 06 |   | CD Board and Lodging      |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 07 |   | Other Board and Lodging   |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 08 |   | Nursing Home, Vet's Home  |
| 02                                    | Dependent Living - clients living in a supervised setting                   | 09 |   | Correctional Facility     |
| 01                                    | Homeless - clients with no fixed address; includes homeless shelter         | 10 |   | Transient, Homeless       |
| 97                                    | Unknown   | 11 |   | Other                     |
| No longer effective as of: 11-30-2006 |   |    |   |                           |

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Minnesota

| Item NoTreatment Episode Data Set |  | Item | Value                                      | State System Data |
|-----------------------------------|--|------|--|-------------------|
| 24                                | Employment at Discharge  | --   | Primary Occupation Status                  |                   |
| 01                                | Full Time - works 35 or more hours a week- includes military                     | 01   | Full Time (=or>35 Hours per Week           |                   |
| 02                                | Part Time - works less tahn 35 hours per week                                    | 02   | Part Time (<35 Hours per Week)             |                   |
| 03                                | Unemployed - looking for work in past 30 days or on layoff from job              | 03   | Occasional/Seasonal Worker                 |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 04   | Sheltered                                  |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 05   | Homemaker                                  |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 06   | Student                                    |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 07   | Retired                                    |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 08   | Disabled                                   |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 09   | Inmate of institution                      |                   |
| 03                                | Unemployed - looking for work in past 30 days or on layoff from job              | 10   | Laid Off/Unemployed - Looking for Work     |                   |
| 04                                | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 11   | Laid Off/Unemployed - Not Looking for Work |                   |
| 97                                | Unknown  | 12   | Other                                      |                   |
| 97                                | Unknown  | 99   | Unknown                                    |                   |

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| Item No                               | Treatment Episode Data Set  | Item | Value                                       | State System Data |
|---------------------------------------|---|------|---|-------------------|
| 25                                    | Detailed Not In Labor Force at Discharge  | ~    | Primary Occupation Status..                 |                   |
| 96                                    | Not Applicable  | 01   | Full Time (=or > 35 Hours per Week)         |                   |
| 96                                    | Not Applicable  | 02   | Part Time (< 35 Hours per Week)             |                   |
| 96                                    | Not Applicable  | 03   | Occasional/Seasonal Worker                  |                   |
| 06                                    | Other   | 04   | Sheltered Employment                        |                   |
| 01                                    | Homemaker   | 05   | Homemaker                                   |                   |
| 02                                    | Student   | 06   | Student                                     |                   |
| 03                                    | Retired   | 07   | Retired                                     |                   |
| 04                                    | Disabled  | 08   | Disabled                                    |                   |
| 05                                    | Inmate of Institution ( Prison or Institution - keeps people out of work force) | 09   | Inmate of Institution                       |                   |
| 96                                    | Not Applicable  | 10   | Laid Off/Unemployed - Looking for Work      |                   |
| 06                                    | Other   | 11   | Unemployed - Not Looking for Work           |                   |
| 06                                    | Other   | 12   | Other                                       |                   |
| 97                                    | Unknown   | 99   | Unknown                                     |                   |
| 26                                    | Number of Arrests in 30 Days Prior to Discharge                                 | ~~   | Past 30 days times client has been arrested |                   |
| 98                                    | Not Collected   | -    | Not Collected                               |                   |
| No longer effective as of: 11-30-2006 |   |      |   |                   |

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Minnesota

| Item No | Treatment Episode Data Set   | Item  | Value | State System Data                                     |
|---------|--|-------|-------|---|
| 26      | Number of Arrests in 30 Days Prior to Discharge                                | ~~    |       | Past 30 days how many times has client been arrested? |
| 00-96   | Number of Arrests  | 00    |       | None  |
| 00-96   | Number of Arrests  | 01-96 |       | 01-96   |
| 97      | Unknown  | 97    |       | Unknown   |
| 27      | Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge | ~~    |       | Frequency of attendance self-help 30 days prior disch |
| 01      | No Attendance in past month  | 1     |       | No attendance in past month                           |
| 02      | less than once a week -1 to 3 times in past 30 days                            | 2     |       | 1-3 times in past month (less than 1 per week)        |
| 03      | About once a week - 4 to 7 times in past 30 days                               | 3     |       | 4-7 times in past month (about 1 per week)            |
| 04      | 2 to 3 times a week - 8 to 15 times in past 30 days                            | 4     |       | 8-15 times in past month (2-3 times per week)         |
| 05      | 4 or more times a week - 16 to 30 times in past 30 days                        | 5     |       | 16-30 times in past month (4+ times per week)         |
| 06      | Some Attendance in past month, but number of times and frequency is unknown    | 6     |       | Some attendance but frequency unknown                 |
| 97      | Unknown  | 97    |       | Unknown   |

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report